

KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 500Mero St., 2 SC 32[911 Leawood Drive], Frankfort, Kentucky 40601Phone (502) 782-8814 ~ http://adc.ky.gov

SUPERVISORY AGREEMENT

To Be Comp	oleted By Applicant and Superv	isor (Please C	heck One)
Certified Associate	Temporary Certific	cation	Licensed Associate
STRUCTIONS			
The completed form may be	appropriate signatures will be returned submitted to the Kentucky Board of entucky 40602 or by delivery to 500 M	Alcohol and Dru	g Counselors either by mail [911 Leawood Drive], Frankf
	SECTION 1 APPLICANT INFORMATIO	N	
	ALI LIGANTINI ONMATIO		
First Name	Middle Name	Last Name	-
Social Security Number	Home Telephone	Work Tele	phone
Email Address			
Street Address			
City		State	Zip Code
	SECTION 2 SUPERVISOR INFORMATIO	N	
First Name	Middle Name	Last Name	9
Email Address			
Street Address			
City		State	Zip Code
Telephone Number	Type of License/Certification I	Held and Number	,
/ / Date of issue (Attach a copy)	/ / Expiration Date (Attach a cop	oy)	

Number of Supervisee's Currently

Providing with Board Approved

Supervision

Date of Board Approved

of certificate of attendance)

Supervision Training (Attach copy

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		I	
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SECTION 3 INFORMATION RELATED TO SUPERVISED EXPERIENCE

City State Zip Co Average number of hours expected to be gained per week: Type of Setting: State/Government Agency DUI/Private Practice Rehab Center Type of peer support/counseling experience to be gained (check all that apply): Rehabilitation Center Dudicial/Corrections Individual Counseling Adult Group Counseling Group Crisic intervention; (i) Client education; (j) Referral; Reports and recordkeeping; and (j) Consultation Group	icant Name le of organization ong.)	or agency where experience v	vill be gained (co	mplete a sepai	rate form for each
Average number of hours expected to be gained per week: Type of Setting: State/Government Agency DUI/Private Practice School DUI/Private Practice Rehab Center DUI/Private Practice DUI/Private DUI/Private DUI/Private DUI/Private DUI/Privat	et Address of Orga	nization or Agency			
Type of Setting: State/Government Agency DUI/Private Practice Rehab Center Type of peer support/counseling experience to be gained (check all that apply): Rehabilitation Center Dudividual Counseling Group Counseling Government; (b) Tiplanning, collaboration, and referral[Intake]; (c) Counseling(Client orientation]; and (d) Profession ethical responsibilities[Assessment; (e) Treatmentplanning; (f) Counseling; (g) Case management Crisis intervention; (i) Client education; (j) Referral; Reports and recordkeeping; and (l) Consulta (RAR 35:070) Describe specifically, and in detail, how supervision will focus on: (a) Screening assessment and engagement; (b) Treatment planning, collaboration, and referral[Intake]; (c) Counseling(Client-orientation); and (d) Professional and ethical responsibilities[Assessment; (e) Treatmentplanning Counseling; (g) Case management; (h) Crisis intervention; (i) Client education; (j) Referral; Reports	,			State	Zip Code
Type of peer support/counseling experience to be gained (check all that apply): Rehabilitation Center Child & Adolescent Adult Family Treatment Other Describe Describe Describe Describe Describespecifically, and in detail, what work experience will be obtained to meet the criteria in following four (4) domains[12 core functions]: (a) Screening assessment and engagement; (b) Tiplanning, collaboration, and referral[Intake]; (c) Counseling(Client orientation]; and (d) Profession ethical responsibilities[Assessment; (e) Treatmentplanning; (f) Counseling; (g) Case manageme Crisis intervention; (i) Client education; (j) Referral; Reports and recordkeeping; and (l) Consultation	erage number of ho	ours expected to be gained pe	er week:		
Rehabilitation Center	e of Setting:	Non-Profit	☐ DUI/Private		
Child & Adolescent	e of peer support/o	counseling experience to be g	ained (check all	that apply):	
Describe specifically, and in detail, what work experience will be obtained to meet the criteria in following four (4) domains[12-core functions]: (a) Screening assessment and engagement; (b) Toplanning, collaboration, and referral[Intake]; (c) Counseling[Client orientation]; and (d) Profession ethical responsibilities[Assessment; (e) Treatmentplanning; (f) Counseling; (g) Case managemee Crisis intervention; (i) Client education; (j) Referral; Reports and recordkeeping; and (l) Consultation (l)	☐ Child ☐ Adult ☐ Family	& Adolescent	☐ Individua	al Counseling	
following four (4) domains[12 core functions]: (a) Screening assessment and engagement; (b) Tiplanning, collaboration, and referral[Intake]; (c) Counseling[Client orientation]; and (d) Profession ethical responsibilities[Assessment; (e) Treatmentplanning; (f) Counseling; (g) Case management Crisis intervention; (i) Client education; (j) Referral; Reports and recordkeeping; and (l) Consultation KAR 35:070) Describe specifically, and in detail, how supervision will focus on: (a) Screening assessment and engagement; (b) Treatment planning, collaboration, and referral[Intake]; (c) Counseling[Client-orientation]; and (d) Professional and ethical responsibilities[Assessment; (e) Treatmentplanning Counseling; (g) Case management; (h) Crisis intervention; (i) Client education; (j) Referral; Reports and engagement; (h) Crisis intervention; (i) Client education; (j) Referral; Reports and engagement; (h) Crisis intervention; (i) Client education; (j) Referral; Reports and engagement; (h) Crisis intervention; (i) Client education; (j) Referral; Reports and engagement; (h) Crisis intervention; (i) Client education; (j) Referral; Reports and engagement; (h) Crisis intervention; (ii) Client education; (j) Referral; Reports and engagement; (h) Crisis intervention; (ii) Client education; (j) Referral; Reports and engagement; (h) Crisis intervention; (ii) Client education; (iii) Referral; Reports and engagement; (h) Crisis intervention; (iii) Client education; (iii) Referral; Reports and engagement; (h) Crisis intervention; (iii) Client education; (iii) Referral; Reports and engagement; (h) Crisis intervention; (iii) Client education; (iiii) Referral; Reports and engagement; (h) Crisis intervention; (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Describe				
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	agement; (b) <u>Trea</u> ntation]; <u>and</u> (d) <u>P</u> inseling; (g) Case	tment planning, collaboration, rofessional and ethical respor management; (h) Crisis interv	and referral[Intaknsibilities[Assessirention; (i) Client	e]; (c) <u>Counse</u> ment; (e) Treat	ling[Client- tmentplanning; (f)-

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I, as applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That I have read the board Law and Regulations related to supervised experience and that all supervised experience will be completed in accordance with board rules;
- That I will meet with my supervisor at a minimum of 2 hours two (2) times a month[every 2 weeks] of documented supervised experience;
- That I will abide by all rules of the board, including ethics requirements;
- That I understand the <u>alcohol and drug counselor associate I certification/alcohol and drug counselor associate II certification[registration]</u>/temporary certification/clinical alcohol and drug counselor associate license is only valid while I practice under supervision:
- That I notify the board if this supervisory arrangement is terminated; and
- That I understand any additional supervisors and settings shall be approved by the board in advance.

Signature of Applicant	Date
Printed Name	<u> </u>
This agreement shall not be effective until th agreement.	e board has issued the letter approving the
I, as the board-approved supervisor of the above me on this form is true and accurate and I affirm	e-named applicant, affirm that all information provided by the following:
 related to supervised experience and al That I will provide supervision to the about 	ove name applicant at least 2 hours two times a
• • • • • • • • • • • • • • • • • • •	experience. esponsibility for services of the supervisee shall rest with
	gement is only valid while my credential remains in good
 standing. That I will notify the board if the supervise. That I understand that I shall not serve a obtaining experience for peer support/ce 	as a supervisor of record for more than twelve persons
Signature of Supervisor	
TARREST AND OUR ENVIOLE OUT OF	D KEEP A COPY OF THIS FORM FOR RECORDS
APPLICANT AND SUPERVISOR SHOUL	
	DARD USE ONLY
	OARD USE ONLY

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